



**STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT  
56 OLD SUNCOOK RD  
CONCORD, N.H. 03301- 7317  
LICENSE APPLICATION**

**For Insurance Dept. Use Only****CASHIER**

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_ CHECK NO. \_\_\_\_\_

INITIALS \_\_\_\_\_ DR NO. \_\_\_\_\_

**License Division**

DATE \_\_\_\_\_

Co. ID \_\_\_\_\_

License No. \_\_\_\_\_

Lines of Ins. \_\_\_\_\_

Lic. Issued \_\_\_\_\_

Lic. Expiration Date \_\_\_\_\_

Keypunch \_\_\_\_\_

Approved \_\_\_\_\_

**To The Insurance Commissioner of the State of New Hampshire:**

The undersigned hereby applies for a license as specified below and submits the following information and an application fee of \$15.00. (RSA 400-A:29)

TYPE LICENSE APPLIED FOR: FOR THE FOLLOWING LINES  
OF INSURANCE

- ☐ Adjuster      ☐ Life      ☐ Title      ☐ Other  
☐ A&H      ☐ Variable Contracts  
☐ Prop. & Cas.      ☐ Surplus Lines

1. Full legal name: Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Miss \_\_\_\_\_  
 Other \_\_\_\_\_  
 (Last) (First) (Middle)

2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

3. Business Address: \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip Code)

4. Residence: \_\_\_\_\_  
 (If same, so state.) (This means your permanent home)

5. Mailing address: \_\_\_\_\_  
 (All correspondence from this Dept. will be addressed to this address)

**6. Residence last five years:**

DATE		STREET	CITY	STATE
FROM	TO			

**7. Occupations last five years:**

DATE		EMPLOYER	ADDRESS	POSITION
FROM	TO			

8. Are you now licensed as a resident agent, broker or adjuster in any other state? \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

9. Education \_\_\_\_\_ high school \_\_\_\_\_ college \_\_\_\_\_ graduate school \_\_\_\_\_

10. Have you ever held any type of insurance license in this or any other state? \_\_\_\_\_  
 If yes, list state(s), type(s) of license(s), and YEAR LAST LICENSED in each state in each category \_\_\_\_\_

(Submit appropriate Home State Letter of Certification)

11. Have you ever been refused an original or a renewal or had suspended or revoked any type of insurance license in any state?  
 If yes, give details \_\_\_\_\_

12. What insurance or adjusting experience have you had? \_\_\_\_\_

13. Have you familiarized yourself with New Hampshire Insurance Laws? \_\_\_\_\_  
 Do you have a copy of the New Hampshire Insurance Laws available for your use? \_\_\_\_\_

24. Applicant must list three character references. These references should not be relatives or persons who have known the applicant for less than two years.

(1)	_____	_____	_____	_____
	(Name)	(Address)	(Business)	(Phone)
(2)	_____	_____	_____	_____
	(Name)	(Address)	(Business)	(Phone)
(3)	_____	_____	_____	_____
	(Name)	(Address)	(Business)	(Phone)

25. This question to be completed by VARIABLE CONTRACTS applicants only:

- A. Have you qualified for registration with N.A.S.D. \_\_\_\_\_ or taken and passed the N.A.S.D. Series 63 Examination? \_\_\_\_\_  
(Attach evidence)
- B. Do you now hold a New Hampshire Securities Salesman's License? \_\_\_\_\_
- C. Do you now hold a New Hampshire Life Insurance Agent's License? \_\_\_\_\_
- D. Name of life insurance company for which you are licensed \_\_\_\_\_  
\_\_\_\_\_
- E. State your experience, instruction or training in the variable contracts business \_\_\_\_\_

**ALL APPLICANTS: COMPLETE REMAINING PORTION**

ANSWERS TO ALL QUESTIONS, NOTING SPECIFICALLY QUESTION 16, MUST BE ACCURATE AND COMPLETE. INFORMATION OBTAINED THROUGH INVESTIGATION SHOWING MISSTATEMENTS, INCLUDING AN INCOMPLETE ANSWER TO QUESTION 16, IS SUFFICIENT CAUSE TO AUTOMATICALLY VOID THIS APPLICATION OR FOR THE IMMEDIATE REVOCATION OF ANY LICENSE. THIS IS IN ADDITION TO ANY OTHER PENALTIES.

I hereby certify the above answers are complete and true to the best of my knowledge and belief. All statements are made under penalty of perjury.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_

County of \_\_\_\_\_, SS

On this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ personally appeared the above-named applicant who signed the foregoing application, and made oath that the statements made therein by him are true.

Before me

\_\_\_\_\_  
Notary Public or Justice of the Peace

**CERTIFICATE OF CHARACTER**

I hereby certify that this company has investigated the character and background of the person named in this application and is satisfied that he is trustworthy and qualified to act as its \_\_\_\_\_ adjuster and to hold himself out in good faith to the general public as an insurance adjuster and this company desires that the above-named applicant be licensed as an insurance \_\_\_\_\_ adjuster to represent it in the State of New Hampshire.

Company \_\_\_\_\_

ATTACH PHOTO HERE

SIGNATURE \_\_\_\_\_

Title \_\_\_\_\_

**IMPORTANT: A PASSPORT SIZE PHOTOGRAPH OF THE APPLICANT MUST ACCOMPANY THIS APPLICATION**

## AFFIDAVIT OF EDUCATIONAL REQUIREMENTS

I, the undersigned, on oath depose and say that \_\_\_\_\_  
(Name of student or trainee)

of \_\_\_\_\_ attended the courses of \_\_\_\_\_  
(address) (School or

\_\_\_\_\_ from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
Company name)

and has successfully completed courses approved by the New Hampshire Insurance Department in the following lines:

\_\_\_\_\_  
(Life, Accident & Health, Property & Casualty)

Signed \_\_\_\_\_

\_\_\_\_\_  
(Official title as school or company official)

State \_\_\_\_\_

County \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

## AFFIDAVIT OF EXPERIENCE AND EMPLOYMENT

(To be completed by someone other than applicant)

I, the undersigned, on oath depose and say that I am a licensed (agent) (broker) or representative of \_\_\_\_\_  
(Name of

\_\_\_\_\_, that for the period of time beginning \_\_\_\_\_ 19 \_\_\_\_\_ and ending \_\_\_\_\_ 19 \_\_\_\_\_  
Company)

\_\_\_\_\_ of \_\_\_\_\_  
(Name of employee) (Address)

was employed on a substantially full time basis by (me) (my firm) at \_\_\_\_\_, that he was trained in the following

lines of insurance \_\_\_\_\_ and satisfactorily performed the following duties:  
(Life, Accident & Health, Property & Casualty)

Signed \_\_\_\_\_

Firm or Agency Name \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

14. Does any insurer or general agent claim that you are indebted under any agency contract or otherwise? If  
yes, give details \_\_\_\_\_
15. Has any insurance company ever cancelled any contract of employment or its appointment of you as its agent, broker,  
or adjuster? \_\_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Company \_\_\_\_\_ Reason \_\_\_\_\_
16. Excluding minor traffic violations, have you ever been convicted of any crime which has not been annulled by a court? \_\_\_\_\_  
If yes, give details \_\_\_\_\_
17. Have you ever been declared bankrupt, or made an assignment for the benefit of creditors? \_\_\_\_\_ If yes,  
give details \_\_\_\_\_
18. Do you intend to use this license to write controlled business? (See RSA 402:74) \_\_\_\_\_
19. Are you associated with a bank, trust company, finance company, building and loan association or investment house? \_\_\_\_\_  
If yes, give details \_\_\_\_\_
20. Through business connections or otherwise are you associated with automobile manufacturers, garage managers, or their subsidiaries,  
dealers or salesmen? \_\_\_\_\_ If yes, give details \_\_\_\_\_
21. Do you intend to carry on any other type of employment besides that of insurance agent, broker or adjuster? \_\_\_\_\_  
Give details \_\_\_\_\_
22. Do you intend to do business independently or will you be in the employ of some insurance agent, agency, or company? \_\_\_\_\_  
Give details \_\_\_\_\_
23. Are you an officer or partner in a firm, corporation or insurance agency? \_\_\_\_\_ If so, give firm or agency  
name \_\_\_\_\_
- A. Organized under the laws of the State of \_\_\_\_\_ FEIN # \_\_\_\_\_ Date: \_\_\_\_\_
- B. Names and titles of all officers and directors, and occupations of each for last five years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. If principal business of corporation is not insurance, what other type of business is to be transacted? \_\_\_\_\_  
\_\_\_\_\_
- D. Are you obtaining a license primarily for the purpose of placing insurance on property in which you have an interest as defined in  
RSA 402:74? \_\_\_\_\_
- E. Do you expect that you will receive in any calendar year more than ten percent of your total commissions from any insurance  
involving, in any way, the property or any interest in property of the persons, associations or corporations listed in  
RSA 402:74-III? \_\_\_\_\_